



INFORMATION FORM

WHEN COMPLETE, PLEASE RETURN TO:
Citizen and Neighborhood Resources Department
City of Scottsdale
7447 E Indian School Rd, Suite 300
Scottsdale, AZ 85251

PHONE (480) 312-3111
FAX (480) 312-2455
WEB SITE www.ScottsdaleAZ.gov

ORGANIZATION CLASSIFICATION. (CHECK ALL THAT APPLY)

- ☐ NEIGHBORHOOD WATCH ☐ HOMEOWNERS ASSOCIATION ☐ COMMUNITY ORGANIZATION (SCHOOL, CHURCH, ETC.)
☐ NEIGHBORHOOD ORGANIZATION ☐ BUSINESS/PROPERTY ASSOCIATION ☐ INDIVIDUAL OR OTHER _____

ORGANIZATION INFORMATION.

ORGANIZATION NAME (PLEASE PRINT) DATE FORMED REPRESENTS (APPROX.) # OF PEOPLE # OF PROPERTIES

DOES YOUR ORGANIZATION HAVE AN OFFICIAL MAILING ADDRESS? ☐ YES ☐ NO

ADDRESS CITY STATE ZIP

DOES YOUR ORGANIZATION HAVE A NEWSLETTER? ☐ YES ☐ NO

IF YES, WHO IS THE CONTACT? _____

WHAT IS THEIR PHONE OR E-MAIL? _____

DOES YOUR ORGANIZATION HAVE A WEBSITE? ☐ YES ☐ NO

IF YES, WHAT IS THE ADDRESS (i.e. <http://www.ScottsdaleAZ.gov>)? _____

DO YOU HAVE SET TIMES WHEN YOUR GROUP MEETS? ☐ YES ☐ NO

IF YES, WHEN AND WHERE? _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

ORGANIZATION BOUNDARIES. IDENTIFY BY STREETS, INCLUDING WHICH SIDE OF THE STREET CONTAINED WITHIN BOUNDARIES (I.E. SOUTH SIDE OF EAST INDIAN BEND RD.) PLEASE ATTACH A MAP IF YOU HAVE IRREGULAR BOUNDARIES.

NORTH: _____ SOUTH: _____

EAST: _____ WEST: _____

HOW WERE THESE BOUNDARIES DETERMINED? ☐ ORIGINAL DEVELOPMENT BOUNDARIES ☐ OTHER, PLEASE EXPLAIN:

WHAT ARE THE MAJOR FEATURES IN YOUR NEIGHBORHOOD (BUSINESSES, SCHOOLS, CHURCHES, PARKS, ETC.)?

ADDITIONAL COMMENTS OR QUESTIONS.

PLEASE ENTER CONTACT INFORMATION ON BACK OF FORM.

NOTE: THE CITY OF SCOTTSDALE REGARDS YOUR PERSONAL TELEPHONE NUMBER(S) AND E-MAIL ADDRESS(ES) AS PRIVATE AND WILL NOT ROUTINELY DISCLOSE THEM TO MEMBERS OF THE PUBLIC. THE INFORMATION MIGHT BE REQUIRED TO BE DISCLOSED; HOWEVER, IN RESPONSE TO A REQUEST MADE PURSUANT TO THE ARIZONA PUBLIC RECORDS LAWS.

NNPFORM Rev. 1/17/02

PRIMARY CONTACT. (MUST BE A RESIDENT WITHIN NEIGHBORHOOD BOUNDARIES)

NAME	TITLE (PRESIDENT, TREASURER, CAPTAIN, CO-CAPTAIN, ETC.)	DATE TERM OF OFFICE ENDS
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ADDRESS	CITY	STATE	ZIP
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PREFERRED PHONE (INCLUDE AREA CODE)	ALTERNATE PHONE (INCLUDE AREA CODE)	E-MAIL
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HOW DO YOU PREFER TO **RECEIVE** INFORMATION FROM THE CITY? ☐ U.S. MAIL ☐ E-MAILWOULD YOU LIKE TO RECEIVE INFORMATION ABOUT **CITY PROJECTS AND ISSUES** IMPACTING YOUR AREA? ☐ YES ☐ NOWOULD YOU LIKE INFORMATION ABOUT ORGANIZING A **NEIGHBORHOOD WATCH**? ☐ YES ☐ NOWOULD YOU LIKE TO RECEIVE NOTICES OF **CITY-SPONSORED CLASSES** OF INTEREST TO NEIGHBORHOOD LEADERS? ☐ YES ☐ NO**PROPERTY MANAGER/MANAGEMENT COMPANY CONTACT.** (IF APPLICABLE)

MANAGER NAME	TITLE	MANAGEMENT COMPANY NAME
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ADDRESS	CITY	STATE	ZIP
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